

Louisiana Department of Children and Family Services

LaCarte Procurement Card Program

LACARTE PURCHASING LOG – NON-CLIENT SPECIFIC USE

Cardholder's Name:

Last 4 Digits of Card Number:

(default code: 357-357-p100-3185)

For Cycle Ending:

Receipt No.	Receipt Date	Description	Vendor	Amount	ISIS Organization	ISIS Object	ISIS Reporting Category
Total							

With my signature below, I certify that all purchases were for official state business and comply with all appropriate rules and regulations, and it has been verified that documentation exists to support all purchases.

Cardholder's Signature:

Cardholder's Telephone Number:

Date of Cardholder's Signature:

Supervisor's Name (Printed):

Supervisor's Signature:

Supervisor's Telephone Number:

Date of Supervisor's Signature: